

B6D (Official Form 6D) (12/07)

In re **Arthur S Alvarado, Jr.,
Patty Alvarado**

Case No. **12-23998-rdd**

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.			Mortgage					
Capital One P.O. Box 21887 Eagan, MN 55121	J		150 Broad Brook Road Bedford Hills, NY 10507					
			Value \$ 1,800,000.00				1,634,099.00	0.00
Account No. xxxxx xxxxx/2011			9/2/2011					
Discover Bank c/o Forster & Barbus LLP 60 Motor Parkway, PO Box 9030 Commack, NY 11725-9030	W		Judgment Lien 150 Broad Brook Road Bedford Hills, NY 10507					
			Value \$ 1,800,000.00				17,000.00	17,000.00
Account No. 5782			2005					
Wells Fargo Bank, N.A. P.O. Box 536205 Atlanta, GA 30353-6205	J		Equity Line 1 150 Broad Brook Road Bedford Hills, NY 10507					
			Value \$ 1,800,000.00				100,000.00	0.00
Account No. 6667			2007					
Wells Fargo Bank, N.A. P.O. Box 536205 Atlanta, GA 30353-6205	J		Equity Line 2 150 Broad Brook Road Bedford Hills, NY 10507					
			Value \$ 1,800,000.00				200,000.00	134,099.00
0 continuation sheets attached							Subtotal (Total of this page)	1,951,099.00
							Total (Report on Summary of Schedules)	1,951,099.00
								151,099.00

B6F (Official Form 6F) (12/07)

In re **Arthur S Alvarado, Jr.,
Patty Alvarado**

Case No. **12-23998-rdd**

Debtors

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No. xxxxxx xx 0018 Advanta Bank Corp. PO. Box 8088 Philadelphia, PA 19101-8088		J	Business Debt				19,718.19
Account No. xxxx-xxxxxx-x2004 American Express P.O. Box 1270 Newark, NJ 07101-1270		J	Business Debt				9,167.80
Account No. xxxx-xxxxxx-x3004 American Express P.O. Box 1270 Newark, NJ 07101-1270		J	Consumer Purchases				2,485.94
Account No. 2363 Capital One Bank (USA), N.A. P.O. Box 71083 Charlotte, NC 28272-1083		H	1999 Judgment/Business Debt				7,482.75
Subtotal (Total of this page)							38,854.68

2 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Arthur S Alvarado, Jr.,
Patty Alvarado**

Case No. **12-23998-rdd**

Debtors
AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N C O N F I R M E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxx xx 6355 Chase Cardmember Service P.O. Box 15548 Wilmington, DE 19886-5548		H	Business Debt				18,061.07
Account No. xxxxxx xx 2063 Chase Cardmember Service P.O. Box 15153 Wilmington, DE 19886-5153		H	Consumer Purchases				10,531.08
Account No. 3449 Discover Bank P.O. Box 71084 Charlotte, NC 28272-1084		H	2002 Consumer Purchases				4,435.19
Account No. xxxxxxx-xx082N NewYork-Presbyterian Hospital PO Box 3475 Toledo, OH 43607		W	Medical Services				1,005.84
Account No. xxxxxxx7877 Northern West Hospital c/o Mark L. Nichter, P.C. 44 South Broadway White Plains, NY 10601		W	Medical services				234.73
Subtotal (Total of this page)							34,267.91

Sheet no. 1 of 2 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Arthur S Alvarado, Jr.,
Patty Alvarado**

Case No. **12-23998-rdd**

Debtors
AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Sovereign Bank P.O. Box 12646 Reading, PA 19612	J		Business Debt			X	Unknown
Account No.							
Account No.							
Account No.							
Account No.							

Sheet no. **2** of **2** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page)	0.00
Total (Report on Summary of Schedules)	73,122.59

B6I (Official Form 61) (12/07)

Arthur S Alvarado, Jr.

In re Patty Alvarado

Case No. 12-23998-rdd

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Grandmother Son Son Son	AGE(S): 100 12 12 12
Employment:	DEBTOR	SPOUSE
Occupation	Real Estate Development	Pharmacist
Name of Employer	Broad Brook Capital, LLC	CVS Pharmacy
How long employed	2 Years	18 Years
Address of Employer	487 East Main Street Suit 285 Mount Kisco, NY 10549	1827 Main Street Peekskill, NY 10566

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <u>4,000.00</u>	\$ <u>10,450.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>4,000.00</u>	\$ <u>10,450.00</u>

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify): 401K Ln Repay

\$ <u>0.00</u>	\$ <u>3,343.67</u>
\$ <u>0.00</u>	\$ <u>627.77</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>906.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <u>0.00</u>	\$ <u>4,877.44</u>
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <u>4,000.00</u>	\$ <u>5,572.56</u>
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7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance

(Specify):

\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

12. Pension or retirement income

13. Other monthly income

(Specify): Wife's Sister's Contribution to Household Expenses

\$ <u>0.00</u>	\$ <u>2,000.00</u>
\$ <u>0.00</u>	\$ <u>0.00</u>

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <u>0.00</u>	\$ <u>2,000.00</u>
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <u>4,000.00</u>	\$ <u>7,572.56</u>
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <u>11,572.56</u>

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6.J (Official Form 6J) (12/07)

Arthur S Alvarado, Jr.

In re Patty Alvarado

Case No. 12-23998-rdd

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	9,593.05
a. Are real estate taxes included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. Is property insurance included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. Utilities:		
a. Electricity and heating fuel	\$	600.00
b. Water and sewer	\$	0.00
c. Telephone	\$	0.00
d. Other <u>Internet, cable, phone package</u>	\$	175.00
3. Home maintenance (repairs and upkeep)	\$	800.00
4. Food	\$	500.00
5. Clothing	\$	200.00
6. Laundry and dry cleaning	\$	20.00
7. Medical and dental expenses	\$	250.00
8. Transportation (not including car payments)	\$	250.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	100.00
10. Charitable contributions	\$	100.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	40.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other	\$	0.00
c. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other <u>Equity Loan Payments</u>	\$	800.00
Other	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	13,428.05
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	11,572.56
b. Average monthly expenses from Line 18 above	\$	13,428.05
c. Monthly net income (a. minus b.)	\$	-1,855.49

86 Declaration (Official Form 6 - Declaration), (12/07)

**United States Bankruptcy Court
Southern District of New York**

In re Arthur S Alvarado, Jr.
Patty Alvarado

Debtor(s)

Case No. 12-23998-rdd
Chapter 7

DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date April 30, 2013

Signature /s/ Arthur S Alvarado, Jr.
Arthur S Alvarado, Jr.
Debtor

Date April 30, 2013

Signature /s/ Patty Alvarado
Patty Alvarado
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Southern District of New York**

In re Arthur S Alvarado, Jr.
Patty Alvarado

Debtor(s)

Case No. 12-23998-rdd

Chapter 7

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: April 30, 2013

/s/ Arthur S Alvarado, Jr.

Arthur S Alvarado, Jr.

Signature of Debtor

Date: April 30, 2013

/s/ Patty Alvarado

Patty Alvarado

Signature of Debtor

ADVANTA BANK CORP.
PO. BOX 8088
PHILADELPHIA, PA 19101-8088

AMERICAN EXPRESS
P.O. BOX 1270
NEWARK, NJ 07101-1270

CAPITAL ONE
P.O. BOX 21887
EAGAN, MN 55121

CAPITAL ONE BANK (USA), N.A.
P.O. BOX 71083
CHARLOTTE, NC 28272-1083

CHASE
CARDMEMBER SERVICE
P.O. BOX 15548
WILMINGTON, DE 19886-5548

CHASE
CARDMEMBER SERVICE
P.O. BOX 15153
WILMINGTON, DE 19886-5153

DISCOVER BANK
P.O. BOX 71084
CHARLOTTE, NC 28272-1084

DISCOVER BANK
C/O FORSTER & BARBUS LLP
60 MOTOR PARKWAY, PO BOX 9030
COMMACK, NY 11725-9030

NEWYORK-PRESBYTERIAN HOSPITAL
PO BOX 3475
TOLEDO, OH 43607

NORTHERN WEST HOSPITAL
C/O MARK L. NICTER, P.C.
44 SOUTH BROADWAY
WHITE PLAINS, NY 10601

SOVEREIGN BANK
P.O. BOX 12646
READING, PA 19612

WELLS FARGO BANK, N.A.
P.O. BOX 536205
ATLANTA, GA 30353-6205